INJURY REPORT FORM

PARTICIPANT INJURY CONTACT INFORMATION
This form must be completed by an authorized coach or supervisor

Name ____________________________

Local Address ____________________________

Permanent Address ____________________________

Phone No. ____________________________

PARTICIPANT INJURY GENERAL INFORMATION

Affiliation: ____________________________

Student ____________________________

Faculty ____________________________

Staff ____________________________

Alumni ____________________________

Community Member ____________________________

Year in School: ____________________________

Freshman ____________________________

Sophomore ____________________________

Junior ____________________________

Senior ____________________________

Graduate ____________________________

Age: ____________________________

Female ____________________________

Male ____________________________

Email Address ____________________________

Program:(list) ____________________________

Intramurals ____________________________

Club Sports ____________________________

Recreational Fitness ____________________________

Open Recreation ____________________________

Day, date, and time injury occurred ____________________________

Specify facility location of where injury occurred ____________________________

Did injury occur during a scheduled practice or competition? ____________________________

Explain in detail, all circumstances that occurred which caused the injury. (Include: objects that may have cause the injury-faulty equipment, another persons body, etc.). ____________________________

Was first aid given? Explain what was done and who administered the first aid. ____________________________

Was the injured transported to another facility? If yes, explain who transported the participant and where they were taken. ____________________________

WITNESS TO INJURY

Name ____________________________ Phone No. ____________________________

Name ____________________________ Phone No. ____________________________

Coach/Supervisor of Program ____________________________

Person completing this form ____________________________

RECREATIONAL SPORTS DIRECTOR’S REVIEW

AUTHORIZATION TO BE TREATED ____________________________ Date: ____________________________

ATHLETIC TRAINING ROOM REVIEW

Action taken by Athletic Training Room: ____________________________

a. Initial evaluation: ____________________________

b. Treatment given: ____________________________

c. Recommendation: ____________________________

Evaluation given by: ____________________________ Date: ____________________________